

*Please enroll our congregation in Education Partners in Covenant.*

Congregation name \_\_\_\_\_

Address \_\_\_\_\_ City, state, zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Congregation e-mail address \_\_\_\_\_

We wish to offer the following amount of support to each student from our congregation:

\_\_\_ \$100 \_\_\_ \$200 \_\_\_ \$300 \_\_\_ \$400 \_\_\_ \$500 \_\_\_ \$750 EPIC support will begin \_\_\_\_\_, 20 \_\_\_\_.

Authorized signature and title \_\_\_\_\_ Date \_\_\_\_\_

*Return this card to the following offices:*

**IOWA CONGREGATIONS** (return to your respective synod office)

Northeastern Iowa Synod, ELCA  
201 20th St., S.W.  
P.O. Box 804  
Waverly, IA 50677-0804  
Fax: 319-352-1416

Southeastern Iowa Synod, ELCA  
2635 Northgate Drive  
P.O. Box 3167  
Iowa City, IA 52244-3167  
Fax: 319-351-8677

Western Iowa Synod, ELCA  
318 E. 5th Street  
P.O. Box 1145  
Storm Lake, IA 50588-2312  
Fax: 712-732-6540

**CONGREGATIONS OUTSIDE IOWA**

Church Relations Office  
Wartburg College  
100 Wartburg Blvd.  
P.O. Box 1003  
Waverly, IA 50677-0903  
Fax: 319-352-8493